



# What works? What fails?

FINDINGS FROM THE NAVRONGO COMMUNITY  
HEALTH AND FAMILY PLANNING PROJECT



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Navrongo Health Research Centre

## SAM'S SUMS

Dr. Samuel Kweku Enos has been District Director of Health Services of the Kassena-Nankana District for the better part of the life of the Community Health and Family Planning Project. He has also written a couple of "What works..." notes. Notes 13 and 14 sample his impressions about the CHFP and more.

**WW: How do you intend to scale up the Community-based Health Planning and Services (CHPS) Initiative across the entire district?**

**Dr. Enos:** There is a plan to put up Community Health Compounds (CHC) in all communities. In fact, this plan has been in existence for about three years now and it is largely dependent on funds because a lot of money will be needed for its execution. Donors have pledged to support this plan but it must be noted that some of these donor funds come with their own problems. Some funding comes with designated contractors to build the CHC and this impedes community participation in the construction of the compounds. For this reason, we will suggest that funds designated for CHC construction are channeled through the DHMT which can team up with the communities to build their own CHC. This ensures community participation and ownership since community members are actively involved in the work including especially the location of the compound.



The DHMT teams up with the District Assembly to get things done

**WW: How does the DHMT collaborate with the District Assembly in spreading CHPS?**

**Dr. Enos:** Collaboration between the DHMT and the DA has been very cordial from the beginning of the initiative. The DA has been very supportive of the CHPS programme. But one problem we often encounter is the frequent reshuffle of Assemblymembers and District Chief Executives. Whenever these changes occur, we have to take pains to educate and sensitize the new occupants of these positions all over again and it has not been an easy task at all. Also, some of the new people may see things differently from the way we see them as health professionals.

**WW: What should be the focus of CHPS?**

**Dr. Enos:** CHPS should focus on answering the question that the Ministry of Health (MOH) and now Ghana Health Service (GHS) asked in 1997: ***"How do we effectively deliver health services to the majority of our***

***people especially those in the rural areas?"***. The answer to the question is to send nurses into the communities to live with the people, learn from the people and provide services to the people to meet their needs. CHPS should aim at bringing this answer to reality. This has been proven in Navrongo to be the most effective way of delivering health services and it is what is being scaled up. It should focus on providing health care to the doorstep of the people.

**WW: Does CHPS help address financial hardships of clients?**

**Dr. Enos:** In a way it does because if one has to travel a distance of about 16 kilometres to get to a health centre, transport costs are involved. So if we take the health services to the doorstep of people, they save money on transportation and that is a financial gain and the money thus saved can be put to other uses.

### How healthy are KND's health indicators? in the KND?

**Dr. Enos:** Very impressive! Some workers from the Bill and Melinda Gates Foundation malaria institute visited the district sometime ago to look for nonimmunised children so that they could introduce a vaccine. Fortunately for us, but unfortunately for them, they found none—my basic statistics to show that we have covered the whole child population in the district. For the past seven years, there has been cholera control in the district. Measles, which used to kill many children, has also been eradicated due to the efforts of our hardworking CHN and other health workers. Another indicator is that the KND was adjudged nationally as the best district in TB management. Notwithstanding these few impressive health indicators, we encounter problems. One of the most disturbing problems is the gap that exists between antenatal care and supervised delivery. Up to 80% of pregnant women report for antenatal services, but only about half of them turn up for supervised delivery at health facilities. This is not good enough, and we are devising strategies to reverse this trend.

**WW:** You have actually taken part in developing the *What works? What fails?* series, do you think we are achieving the purpose for which the series was developed?

**Dr. Enos:** The objectives set are being gradually addressed especially in the case of letting other districts know how far Navrongo has gone with CHPS and the particular techniques that helped to make the CHFP a success. But I have noticed that we are dealing more with the “what works?” whilst little or no attention is given to the other side—the “what fails?”. I strongly recommend more notes on “what fails?” so that sister districts that want to implement CHPS will get to know the loopholes inherent in the process. It is also easily noticeable that notes on the results on the CHFP are lacking. The series must also dwell on the strategic processes of CHPS because these processes are not easy to comprehend. This technical information must be made available to other districts.

**WW:** How does the DHMT and the NHRC collaborate for the implementation and dissemination of CHPS?

**Dr. Enos:** Nationally, the dissemination of CHPS has not been conferred on the NHRC. Initially, we thought that after the experiment was proclaimed successful, the DHMT and the NHRC would be given the nod to help in the dissemination but everything remained silent. Meanwhile in the beginning, we disseminated to the directors of the ministry and we also carried it to three national fora. In fact we tried but we haven't been given any specific roles to play in the dissemination.

**WW:** How about the NHRC and the DHMT collaborating to internationalize CHPS?

**Dr. Enos:** Even though the NHRC and the DHMT have been involved in running the District Health Systems Operations (DISHOP) workshops, which trains DHMT and introduces others to CHPS, we should concentrate on promoting CHPS on the domestic front first. With time, the programme should sell itself to the outside world. Falling back on Navrongo to provide training will come as a matter of course.



Some of KND's healthy indicators

*Send questions or comments to: What works? What fails?*

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